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CONFIRMATION NO. 5860

<b>SERIAL NUMBER</b> 10/500,077	<b>FILING OR 371(c) DATE</b> 06/23/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> MCA-589A PC/US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/12927 04/25/2003 which claims benefit of 60/375,747 04/26/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*LAB*  
*none LAB*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

25182

## TITLE

Disposable, sterile fluid transfer device

<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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